

Entered - 08-01-01 - sb
CL 01L0490 - GWENDOLYN BURNS

CLAIM OF: **BARBARA D. TURNER**
LEONARD E. TURNER
4621 Fernbank Drive
Atlanta, Georgia 30331

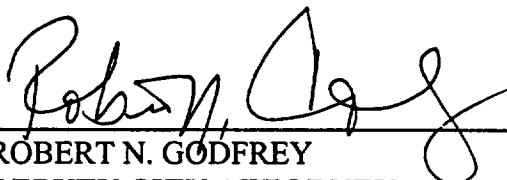
01- *R*-1546

For vehicular damages alleged to have been sustained as a result of an deteriorated defective sewer storm drain in the roadway on June 20, 2001 at 4040 Sawtell Road, SW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **BARBARA D. TURNER** and **LEONARD E. TURNER** the sum of **\$616.03** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an deteriorated defective sewer storm drain in the roadway on June 20, 2001 at 4040 Sawtell Road, SW is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED:
SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

C-10

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0490

Date: September 14, 2001

Claimant /Victim BARBARA D. TURNER and LEONARD E. TURNER
BY: (Atty) (Ins. Co.) _____
Address: 4621 Fernbank Drive, SW, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 616.03 Bodily Injury \$ _____
Date of Notice: 7/30/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6/20/01 Place: 4040 Sawtell Road, SW
Department PUBLIC WORKS Division _____ Sewer Operations _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants' vehicle sustained damage when it was driven over a deteriorated and defective sewer storm drain located in the roadway. An investigation determined that the defective storm drain had been in an unsafe condition for some time and the City failed to repair it.

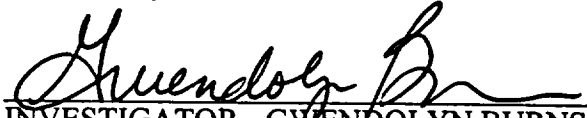
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 616.03 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 01-14-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 30 2001

MUNICIPAL CLERK

BURNS
07731101
RE: CLAIM FOR DAMAGES

Today's Date July 25, 2001

ENTERED - 8-1-01 - SB
0110490 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 616.03 (out of pocket) and/or \$ _____ bodily injury for which I contend the City is liable. Police Report #011710879

1. Date of incident: June 20, 2001 (month/day/ year) 2. Time of Incident: 11:30AM 3. Police called: X Yes No

4. Location of incident (including street address): Sewer Cover near 4040 Tell Rd S.W., Atlanta

5. Name of your insurance company: Allstate Policy No 021331759

6. State what and how incident occurred: I was driving east down Tell Road when I struck a concrete enclosed sewer drain and iron drain cover which were protruding out into the street.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cadillac (Make) 2001 (Year) 826 ZFC (Tag Number) Barbara D. Turner (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: _____ (Name) _____ (Address) _____ (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Barbara Diane Turner
Signature of Claimant

Barbara Diane Turner
(Print Claimant's Name)

4621 Fernbank Dr. S.W.
(Address)

Atlanta, Ga. 30331
(City, State and Zip Code)

(Work Number) 4/349-6867
(Home Number)

01-R-1546